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ABSTRACT

These curriculum materials, produced by the Family Developmental Center of the Family Service Agency of San Francisco, are designed to accompany "Growing With Your Baby: A Facilitator's Manual for Use With School Age Parent Groups." The booklet is divided into seven units which represent a total of 18 class meetings. The units are titled: It's a Time for Exploration, Nutrition, Infant Development, Developmental Crises, Growing with Your Child: Discipline, Growing Women, and Pre-natal Development. Each class deals with a topic under one of these unit headings. Curriculum materials are presented in one of two forms: (1) a series of factual questions and answers, or (2) a brief introduction to the topic accompanied by questions for discussion. (GO)

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GROWING WITH YOUR BABY

Developed by
Patricia Lyman

PS 008321

FAMILY DEVELOPMENTAL CENTER OF THE FAMILY SERVICE AGENCY OF SAN FRANCISCO

GROWING WITH YOUR BABY

Curriculum Materials to Accompany a Facilitator's Manual

developed by

Patricia Lyman

is a product of

Family Developmental Center

of the

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GROWING WITH YOUR BABY

ADDITIONS AND CORRECTIONS

"A Child's Eye View of What Others Want" from A Child's Eye View, part of the Exploring Childhood Program developed by the Social Studies Program of Education Development Center, Cambridge, Massachusetts, is used by permission of the developer--copyright (c) 1972, 1973 Education Development Center, Inc. The material was developed under grants from the Children's Bureau, the Office of Child Development, the National Institute of Mental Health and with the support of the Office of Education.

The page number for Unit VI in the Table of Contents is 67.

The film entitled "I is for Important" which is referred to in Unit VII, Class 4 was mistakenly omitted from the bibliography.

There are three sets of curriculum and resource materials available which we have found to be valuable aids in work with adolescent parents. They are:

Guide to Teaching Early Child Development: A Comprehensive Curriculum, by Grace C. Cooper. It is distributed by the Child Welfare League of America, Inc., 67 Irving Place, New York, New York 10003.

Exploring Childhood, Education Development Center, Inc. This is a curriculum designed for use in the high schools which is not geared toward the adolescent parent, per se, but it is very good. A Program Overview and Catalog of Materials, which include posters, films and curriculum materials, can be obtained from the Education Development Center, Inc., Social Studies Program, 15 Mifflin Place, Cambridge, Massachusetts 02138.

One Plus One Is Three, A Book About Becoming a Parent by Edna Daniels, Park West Press, P.O. Box, San Bruno, California 94066.

Three films on Kibbutz Child Care and Development have been brought to our attention recently which we have not previewed but sound promising for use in the section on "Growing Women". They are entitled: "Infant Development in the Kibbutz", "Day Care for a Kibbutz Toddler" and "Rearing Kibbutz Babies". They were produced and directed by L. Joseph Stone, Ph.D. and Jeannette G. Stone for the Institute for Child Mental Health. Information about them can be obtained from Campus Film Distributor Corp., 2 Overhill Rd., Scarsdale, New York 10583.

A printout on the APGAR scoring system (No. 2, "Evaluation of the Newborn-the APGAR Scoring System") referred to in Unit I, Class 1, can be obtained from Ross Laboratories, Columbus, Ohio 43216.

For the section on contraception you might want to check with your local Planned Parenthood Agency to see if they would be willing to come into your group to speak about the relative advantages and disadvantages of the different contraceptive methods.

Many of the age ranges on the answer section of the Landmark Expectation Form are based on the norms from the Bayley Scales of Infant Development by Nancy Bayley, The Psychological Corporation, 304 East 45th Street, New York, New York, 10017.

The answer to question 29 of "What Are Your Chances of Getting Pregnant Tonight" (page 89) is omitted because, of course, it will change according to locality. We suggest you gather information about local agencies before the meeting. We have reprinted the list of San Francisco Services as originally printed by the San Francisco Progress for local users.

FAMILY PLANNING SERVICES IN SAN FRANCISCO *

(For more information see individual listings in The San Francisco Family Planning Council Directory)

AGENCY	LOCATION	SERVICES PROVIDED: COUNSELING	FAMILY PLANNING	PAP'S	DIAGNOSIS	MENSTRUAL REGULATION	1st TRIMESTER ABORTION	2nd TRIMESTER ABORTION	MALE STERILIZA	FEMALE STERILIZA	LAB TESTS	BILINGUAL PERSONNEL	EDUCATIONAL SERVICES
Children's Hospital Family Planning Clinic	3700 California St. 387-8700	X	X	X		X	X			X	X	X	X
Chinatown North Beach F.P. Services, Inc.	511 Columbus Ave. 362-6728	X	X	X							X	X	X
City College of S.F. Women's Clinic	50 Phelan Ave 587-7272 X110	X	X	X							X		X
Everyman's Free Clinic	120 Church St. 861-8883	X	X	X							X		
Haight-Ashbury Women's Clinic	1101 Masonic Ave. 863-2790	X	X	X							X		X
Health Center No. 1	3850 17th St. 558-3905	X	X	X							X	X	X
Health Center No. 2	1301 Pierce St. 558-3256	X	X	X							X	X	X
Health Center No. 3	1525 Silver Ave. 468-36'	X	X	X							X	X	X
Health Center No. 4	1490 Mason St. 558-2545	X	X	X					X		X	X	X
Health Center No. 5	1351 24th Ave. 668-3246	X	X	X							X	X	X
Hunter's Point/Bayview Community Health Svcs.	4343 3rd St. 285-0700	X	X	X							X		X
Kaiser Permanente Medical Group	2220 O'Farrell St. 929-4833	X	X	X		X	X	X	X		X	X	X
Mission Neighborhood Health Center F.P.	240 Shotwell St. 552-3870 X231	X	X	X							X	X	
Mt. Zion Hospital F.P. Services	1600 Divisadero St. 567-6600 X325	X	X	X		X	X	X	X		X	X	X
Native American Health Center	56 Julian Ave. 863-8111	X	X	X							X	X	
Planned Parenthood Alameda-San Francisco	1660 Bush Street ah 441-5454 441-0555	X	X	X	X	X		X			X	X	X
Preg. Control Center Cathedral Hill Med. Ctr.	1801 Bush St. 567-6100	X	X	X		X	X	X	X		X	X	X
S.F. General Hospital Family Planning	1001 Potrero Ave 648-8200 X656	X	X	X		X	X	X	X		X	X	X
S.F. State University Birth Control Clinic	1600 Holloway Ave. 469-1251	X	X	X							X	X	X
So. of Market Health Center (Canon Kip)	705 Natoma St. 626-2951	X	X	X							X	X	
St. Luke's Hospital Family Planning Clinic	555 San Jose Ave. 647-8600 X297	X	X	X	X	X	X	X	X		X	X	X
U.C. Medical Center Family Planning Clinic	400 Parnassus, 8th Flr. 666-1112	X	X	X	X	X	X		X		X	X	
Women's Need Center	558 Clayton St. 621-1003	X	X	X		X	X				X		X

* Reprinted from article entitled "What Are Your Chances of Getting Pregnant Tonight?" from the March 5, 1975 issue of the San Francisco Progress with the permission of the editor, Thomas J. Watson.

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P.L.

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"Typical Examples of Children's Behavior", quoted here on pp. 13
"Questions for Discussion", quoted here on pp. 14
"How You Think About Fairness", quoted here on pp. 18
"Issues in Judging Fairness", quoted here on pp. 18
"An Old Debate", quoted here on pp. 20

Four questions developed by Dr. Jerome Taylor, Project Right Start, University of Pittsburgh, are used on page 3 with his permission.

"What Are Your Chances of Getting Pregnant Tonight?" is reprinted on page 41 from the March 5, 1975 issue of the San Francisco Progress by the permission of the Editor, Thomas J. Watson

TABLE OF CONTENTS

Introduction		1
UNIT I:	IT'S A TIME FOR EXPLORATION	
Class 4:	Becoming a Mother...Looking at Expectations	2
Class 5:	How to Communicate with the Preverbal Child: Listening Skill Development	4
UNIT II:	NUTRITION	
Class 1:	Your Body Becomes What You Feed It	8
UNIT III:	INFANT DEVELOPMENT	
Class 1:	Expectations About Rate of Development	10
Class 2:	Emotional Development: Infant Egocentrism	13
Class 3:	Adult Egocentrism	16
Class 4:	An Old Debate	20
Class 5:	Individual Differences	24
Class 7:	Delayed Development	26
UNIT V:	DEVELOPMENTAL CRISES	29
UNIT VI:	GROWING WITH YOUR CHILD: DISCIPLINE	
Class 1:	Role Playing	34
Class 2:	Dealing with and Infant's Aggression	35
Class 4:	Dealing with a Parent's Anger	38
UNIT VII:	GROWING WOMEN	
Class 1:	Growing Women	40
Class 2:	What Are Your Chances of Getting Pregnant Tonight?	41
Class 3	Contraception	46
Class 4:	Male and Female, What Are the Differences?	47
UNIT VIII:	PRE-NATAL DEVELOPMENT	49
Bibliography		51

INTRODUCTION

These curriculum materials are designed to accompany Growing With Your Baby: A Facilitator's Manual for Use With School-Age Parent Groups. Because of the nature of the instructional material there is not a curriculum section for every class. The curriculum materials begin with class four.

CURRICULUM: BECOMING A PARENT

What are your opinions about the following questions:

...Is a person born with a sense of how to be a good parent, or does she have to learn it?

...How have you come to know what you need to know to be a parent? Where have you come by it and from whom?

Human beings have a longer period of growing up than any other animal. It takes most human infants a year to a year and a half to learn how to walk, whereas most other animal infants can walk soon after they're born. It takes most humans at least 15 to 18 years to learn enough about taking care of themselves to separate from their parents, whereas it takes much less time for other animals. It takes humans such a long time to grow up because the things that we have to know to survive have to be learned and the things we need to know are changing all the time. That's not true for other animals: most of what they need to know to survive is wired into their brains or instinctual.

An animal parent knows what it needs to do to be a parent because that also is wired in or instinctual. That, again, is not true for human beings. Although many of the feelings you may have for your infant come naturally, you are continually learning things about how to raise your child. Many of those things you learned from your own parents when you were a child and they were raising you. But many other things you are learning on your own or from friends, from books you read or from movies you see. It is only natural that you will handle parenting a little differently than your parents did because you are a different person and because the world today is a little bit different than it was when you were an infant and child.

A good way to explore your own motivation as a parent is to look at the expectations you have for your infant. Think about the following questions for a few moments and then write down some of your thoughts in the space under them.

A. How do you want your infant to think or feel about himself?

B. How do you want your infant to think or feel about school?

C. How do you want your infant to think or feel about you?

D. How do you want your infant to think or feel about his friends?

CURRICULUM: NON-VERBAL LISTENING

Non-verbal listening, or showing your infant that you know what he wants or feels by taking care of him, takes time to develop simply because it takes a lot of time of being together for you to learn his particular needs. For example, one baby needs more sleep than another -- one baby is startled by noises and the other sleeps very soundly amidst noise. No one knows your infant as well as you do. When your baby was born and later cried during his first week at home, did you know immediately what he wanted? Or did you find yourself changing his diaper, rocking him, giving him more milk and so forth in an attempt to find a way to satisfy him so that the crying would stop? Until your infant begins to talk, meeting his needs can be a tiring trial and error process. It takes a lot of time to learn to understand an infant's particular wants and signals.

What signals does your baby have that tell you what he wants?

When is it hard for you to "listen" to your child and know what to do? (When he screams? When he clings? When you're tired?)

Your infant tells you what he wants by the way he uses his voice, such as when he cries and coos, and he also tells you by the way he uses his body; by the way he reaches with his hands, by the way he moves his eyes and mouth, by the way he feels in your arms. Adults speak with their bodies too: you can tell a lot about a person's state of mind by the way he carries his body, uses his eyes, mouth, etc. For example, a person who's mad might be frowning and have his arms wrapped around his waist while tapping his foot.

Pick a mood or emotion and think about how you'd show it without using words. Then try it out and see if other people in the group know what emotion you're expressing.

TALKING TO YOUR CHILD

Often adults think that because the very young child is not talking he also cannot understand words spoken to him. The truth is, an infant may not understand exact words, but he does get a message about how you are feeling, whether happy, mad or sad. He knows what it is he feels and what his parent feels.

When you show an infant that you are listening to him by stating what he is feeling and what he wants ("You look sad about something . You must be upset because I don't have much time to spend with you today"), you are providing the infant with language. You are teaching him about language by attaching words to feelings, objects and thoughts. The young child understands much language long before he is able to speak.

Talking to your infant a lot with an understanding tone of voice helps him to develop in two ways. First, it helps him learn to speak faster. Second, when you "listen" to the child by telling him, for example, that he feels unhappy because he has to stay in the playpen, the infant feels closer to you because your words tell him he is understood.

...How much do you talk to your child?

...When you figure out your child's signal and what he wants, do you tell your child, in words, what you are understanding about him?

In review, there are two ways you can let your infant know you are listening to him. You can try to find out what he wants or needs and take care of him (nonverbal) or you can try to find out what he wants or needs and tell him that you understand (for example: "You are upset because you want to get up on the table and I don't want you to.")

CURRICULUM: GIVING ATTENTION THROUGH SPEECH
Try spending some time "entering your infant's world" this week by talking with him about what he's doing, feeling or perhaps thinking. For example, when going for a walk you could say things like, "You like to touch the fence", "You get excited when the fire engine goes by," "You like to touch the fuzzy caterpillar; it feels good and soft," etc. You can talk with him this way at any-time; while he's playing with toys or even when you are changing his diapers. The baby will enjoy this attention from you, be learning and will feel close to you.

CURRICULUM: YOUR BODY BECOMES WHAT YOU FEED IT

The food that you eat has a lot to with how healthy you feel. Poor nutrition, or bad eating habits, can lead to a lack of energy, make your skin and hair unattractive, can lower your resistance to disease and can, of course, make you fat. Good nutrition can lead to an attractive appearance and can give you the energy you need to feel good even on the longest and hardest of days.

Make a list of the foods that you like and don't like:

Like	Don't Like

Talk about what it is that you like or don't like about these foods. Chances are that you learned to like or dislike them at an early age, because that's when a lot of preferences for foods are learned.

In the United States not many people grow and prepare their own food from raw ingredients anymore. Most food production has been taken over by large companies who do most of the preparing before the food even gets into the market. That's one reason why many Americans don't pay a lot of attention to what they put into their bodies. An example of this is that it's hard sometimes to even remember what you've eaten in a single day. Try it for yourself: make a list of what you've eaten today.

Breakfast	Snack	Lunch	Snack	Dinner

It is especially important to remember that what you are putting into your body now will affect not only the way you feel

tomorow but the way you feel 10 or 20 years from now. That's true for food intake as well as for drug intake. How do you feel about using the following drugs: alcohol, tobacco, marijuana, LSD, mescaline, downers, speed, heroin? What have you heard about hos these drugs affect your body?

UNIT III: CLASS 1: EXPECTATIONS ABOUT RATE OF DEVELOPMENT

CURRICULUM: LANDMARK EXPECTATION FORM

At what age does the "average" baby usually:

1. Smile when you smile at him?
2. Crawl (at least 9-10 inches)?
3. Walk alone?
4. Start taking sips from a cup?
5. Have control of his muscles so that potty training can begin?
6. Play pat-a-cake when you demonstrate?
7. Say at least four different sounds?
8. Put one block on top of another?
9. Pick up a tiny object using all his fingers and palm?
10. Show a lot of fear of strangers?

At what age does an "average baby" usually:

1. Say double syllables such as "da-da" (without knowing what they mean)?
2. Pick up a small toy by himself?
3. Pull himself up to a standing position?
4. Imitate one of your actions, such as banging on a drum?
5. Name something that you show him?
6. Pick up a raisin with just his thumb or forefinger?
7. Jump off a step with both feet in the air at once?
8. Look for a toy that is hidden under a cloth while he watches?
9. Hold one toy in each hand at the same time?

ANSWERS TO THE LANDMARK EXPECTATION QUESTIONS

1. Babies usually start smiling back at you when you smile at them when they are around two months old. They are more likely to smile if you look directly into their eyes from a distance of no more than about a foot away and talk to them in a high pitched voice at the same time.

2. Many babies crawl at least a little by the time that they are seven to eight months old; other normal babies are as old as eleven months before they crawl and a very few babies just start walking without having ever crawled.

3. The most common age for beginning to walk alone is at around twelve months; it is not unusual, however, for babies to walk as young as nine months or as late as seventeen months.

4. Most parents that we know start offering their babies sips from a cup at around five or six months of age in addition to their usual bottles.

5. Most babies have usually developed enough control over the muscles that control urine flow and bowel movements for you to begin potty training by the time they are between 18 months and two years old.

6. If they have seen you demonstrate and are motivated to do so, most babies are able to pat their hands together by nine or ten months of age. They will imitate your gestures at first and then later they learn to pat-a-cake when they just hear you say the verse.

7. By around seven or eight months, babies will usually be making a variety of sounds even though they aren't saying real words. Sometimes they will make more sounds when you talk to them and when you repeat the sounds that they are making, like "da," "bu," "ga," and "de."

8. When they are around a year old, babies usually show an interest in stacking blocks, especially when they see you do it too. Depending upon the size of the blocks, they usually have some success in stacking at least two blocks when they are around 14 to 18 months old.

9. At around seven to nine months, most babies are able to scoop something tiny like a raisin or a piece of cereal into their palm by using most of their fingers. It is important to give a baby plenty of safe opportunities to practice coordination in using his fingers by giving him safe finger foods. Of course, everything you give him should be safe because sooner or later it's going to wind up in his mouth!

10. Many babies reach an all time high fear of strangers at around eight months. You will sometimes see a baby look at a stranger and burst into tears. Some babies go through this stage as early as four months or so and for some it's later. The baby has learned who is familiar and who is not.

1. Many babies start saying "da-da" and other sounds such as "ga-ga" or "ma-ma" at around eight months to a year of age. They are generally beginning to enjoy the experience of making sounds.

2. By the time that a baby is five or six months old, he will usually want to be out of his crib for long portions of the day. When he is in your lap give him an opportunity to reach for a small toy from a table surface. Most babies will be able to pick a toy up from a table surface by the time that they are six or seven months old.

3. Most babies learn to pull themselves up to a standing position when they are around eight to twelve months old. Some babies learn earlier.

4. Most babies really begin to enjoy doing the things that they see you do when they are around nine to twelve months old; be aware that babies learn by imitation.

5. Most babies are able to start naming familiar objects at around 18 months of age. What they are able to name will depend upon what they are taught.

6. By nine to twelve months of age, a baby learns to coordinate his thumb and forefinger to pick up tiny things precisely. Sometimes he may use his other fingers also, but he should be using just his thumb and forefinger at least part of the time. It is important for a baby to get practice with tiny things that are safe such as finger foods.

7. At around two to two and a half years of age a baby can usually jump safely off of a low step with both feet in the air at once, rather than just stepping down with one foot.

8. When a baby is very young he thinks that an object doesn't exist any more when it is hidden. Between eight and twelve months, though, he begins to develop a memory. When that happens, he learns to look for a toy when he sees you hide it.

9. At around five to seven months a baby learns to hold a toy in each hand at the same time without letting one drop.

CURRICULUM: INFANT EGOCENTRISM

Until a child is about seven years old, he doesn't really know that other people think and feel differently than he does. He assumes that if he feels sad, others feel sad, that if he thinks spinach tastes awful, others think it's awful too. An infant isn't born knowing that he's different in many ways from other people, but only learns it over a period of time as he develops. EGOCENTRISM is the belief that the world changes or should change as you change. If you are EGOCENTRIC you are unable to understand things except in terms of what you need and how you feel. You are unable to consider another's point of view. All infants are this way, because they haven't yet learned that other people have their own individual needs. For this reason, a child or infant makes a lot of assumptions about things that adults find hard to understand.

Typical Examples of Children's Behavior

In each of the following examples, what seems to be each child's assumption---that is, what does the child not seem to realize?

. . .

A student told about children of two and three at the child-care center who want to show her something in a book. They always hold the book so that the page still faces the child, making it very difficult for the student to see inside.

A little girl who wanted to be old enough to visit her new friend by herself was taken over to the new neighbor's house by her father. As they were standing on the porch, ringing the doorbell, the four year old said, "Get behind me, Daddy, so they can't see you."

When Marjorie was little she always wanted to "talk" to Grandpa on the telephone. These conversations were very one-sided. Grandpa would ask her something and Marjorie would just nod!

Questions for Discussion

What is the child's eye view in each example?

What examples have you found...of similar "childrens' eye views" of what others can see?

Can you remember yourself doing things like this?

The young children in these incidents seem to think that if they can see something, others can see it too, or that if they can't see something, others can't see it either. At this stage children see everything from one point of view only and don't realize that things may look different to others. Compare this with children's earliest ideas about fairness, which are also based only on their own point of view.

CURRICULUM: A CHILD'S EYE VIEW OF WHAT OTHERS WANT

How much does a child understand about what another person might want or like?

The young child...makes a gift to his mother which probably isn't really appropriate; the child doesn't put himself in his mother's place and try to think of what she might like. Instead he chooses a gift that he likes---bubble gum. This is another example of egocentrism.

Of course, adults sometimes do give each other gifts based on their own wishes. But when older people do not take another's point of view into consideration, it is normally because they have forgotten to do so, or have chosen not to, but it is not because they cannot.

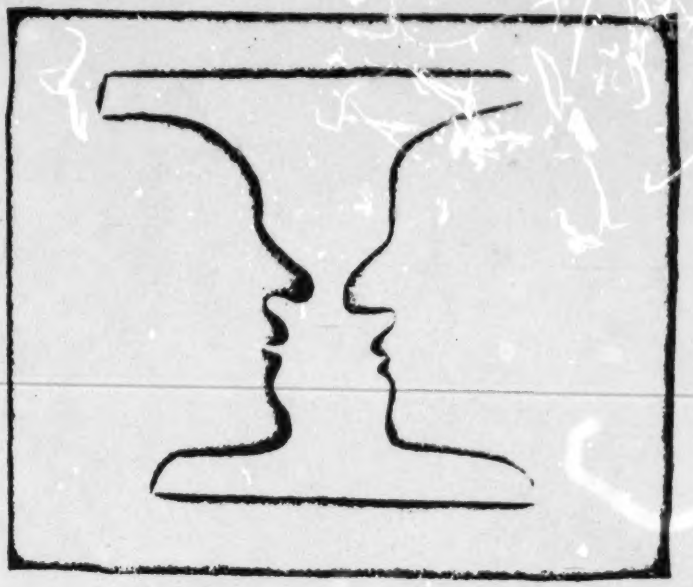
A child's egocentrism is not selfishness. Gift-giving is a good example of this difference. The child giving the gum is being generous, unselfish, BUT egocentric at the same time. He assumes that what would bring him great pleasure as a gift will do the same for his mother. If, however, he were older and chose the gift thinking, "My mother won't like it and so will give it to me to chew," then he would be acting selfishly and would NOT be egocentric because he would be aware of his mother's point of view.

UNIT III: CLASS 3: ADULT EGOCENTRISM

CURRICULUM: ADULT EGOCENTRISM

Egocentrism, or the inability to take another person's point of view, doesn't end in childhood. No two people feel the same way about or even see the same situation in the same way. We're always making assumptions about what another person thinks or feels, and sometimes it gets us into trouble. This happens, for example, when a person assumes that because a friend doesn't speak when he sees her on the street, he's a snob or doesn't like her any more, instead of thinking that he might be preoccupied or in a hurry. This kind of misunderstanding between adults leads to grudges, especially when the two people are afraid to ask each other what was really going on. Part of the process of development, even for adults, is learning more and more to take the other person's point of view into consideration when interpreting behavior and making decisions. Sometimes this kind of growth takes place very slowly and you don't even notice that it is going on until you think back a few years and remember how much different you were then.

Look at the drawing below and tell the group what you see.



The drawing is designed so that as your focus changes, the meaning of the picture changes. When you focus on the white portion it looks like a vase, and when you focus on the black portion it looks like two faces. This exercise in "changing focus" demonstrates that the same thing can be viewed by different people in different ways, or even by the same person in different ways at different times.

Unlike infants and small children, adults can express their points of view quite well with words. Since no two adults see the world in the same way, the purpose of most arguments and discussion is to clarify what the differences in point of view are and hopefully reach some agreement. We can do that here by looking at our

own points of view on fairness.

HOW YOU THINK ABOUT FAIRNESS

What kind of thinking do you use when confronted with a dilemma in which you must decide what is the fair thing to do? Consider the following case:

Sally was babysitting for four year old Scott. While she was getting his lunch ready, he fell off the front porch and started screaming, then turned strangely pale and kept crying. Sally was scared. She ran out to the street looking for someone to take her and Scott to the hospital. But there were no cars on the street. Suddenly, she noticed an old man parking his car. She ran up and asked the man to take them to the hospital. The man replied, "Look, I have an appointment with someone about an important job. I must be on time. I'd like to help you but I can't." So Sally said, "Just let me use the car." The man said, "Look, I don't know you; I can't do that," and he rushed off to keep his appointment. Sally noticed that he'd left his keys in the ignition.

Questions for discussion

What should Sally do? Why?

What would you do? Why do you think that is the fair thing to do?

How would you decide what would be fair?

Suppose Sally stole the car:

How would the man feel when he got back and found it gone?

What would you do if you were the man then? Why?

Suppose he called the police and Sally was arrested for theft:

What would the judge's view of Sally be? Of the man?

If you were the judge, what would you do and why?

ISSUES IN JUDGING FAIRNESS

As you can see, deciding what is fair involves many issues when everyone's point of view is taken into consideration. Some of the issues you may have discussed in this dilemma involve:

-rewards and punishment: for example, whether Sally should be punished or rewarded (if she took the car), and whether man (sic) deserved to have his car stolen

-weighing values: balancing the importance of a job, property and an injury

-motives: what each person's reasons were (their reasons behind their actions) and the extent to which each considered the other's point of view

-approval: what Sally thought others would expect of her; what the man thought others would expect of him

-authority: whether it is all right to defy the law

-universal principles: how the golden rule, "Do unto others as you would have them do unto you," might apply to this case.

UNIT III: CLASS 4: AN OLD DEBATE

CURRICULUM: AN OLD DEBATE

Over the ages, some people have held that a child is naturally fair, born with a knowledge of right and wrong that is only corrupted as the child grows.

Another view has been that children are born interested only in their own needs and wishes and that they must be taught (or forced) to care for the rights of others, to do what is right and fair.

What do you think? Give examples to support your view.

Recently, scholars have taken a new approach to this debate by studying how children's understanding of fairness changes as they grow up. They have found that children's judgement about what is fair or unfair depends upon the child's ability to understand the needs and claims of other people--other peoples' point of view.

Their investigations[1] suggest that there is a natural "path" through which all children's reasoning about fairness passes-from awareness of personal desires only, to concern about the welfare of others and for "putting yourself in the other guy's shoes."

ISSUES IN JUDGING FAIRNESS

The number of issues you considered in the Sally situation, and your ways of thinking about them were probably more complex than a child's could have been. Consider this example:

What happens if you ask a child, "What is fair to do if another child comes up and hits you?" The three year old might say, "Hit back," and give as the reason, "Because I wanted to," or "I don't know." A pre-schooler might say, "Don't fight, you'll get hurt or the teacher will punish you." An older pre-schooler might say, "Hit him back," or "He deserves to get punished." But the child who is old enough to consider another persons' intentions might say, "Think how he feels, why he might be doing it. Maybe he doesn't mean to." By this stage, fairness has come to mean putting yourself in the other person's shoes. This means considering the feelings and motives of others, not just their outward behavior.

Think for a moment in terms of your own infants and how they behave. Does your infant or child really know what you want? When he does something you don't like, does he know he did something "wrong", or does he just know that you don't like it? For example, when he climbs on the coffee table after you've told him many times not to and you see that he's looking around to see if you're looking, what does that mean?

It isn't until around seven years of age that a child has any sense inside of himself about why something is right or wrong, good or bad. He knows what feels good and what feels bad, what he likes and doesn t like, and gradually he comes to learn what you like and what you don't like, but it takes time. Although it sometimes seems that an infant or child gets into mischief "just to make me mad because he knows he shouldn't do it", a young child will seldomly do something just for the sake of making the parent mad unless that's the only way he can get the parent's attention.

29

SPOILING

Many parents worry about spoiling an infant by giving in to his or her egocentric demands. What do you think? Can you spoil an infant by giving him too much attention? Does it ever feel like your infant is trying to manipulate you by crying or fussing? What do you do? Talk about this from your own experience.

Most people who study infants these days feel that if you give a baby enough attention when he's very young to make him feel secure, he'll be less likely to be overly demanding as he gets older. That doesn't mean you always have to drop what you're doing when a baby cries in order to make him secure, but it does mean that you should not worry about spoiling an infant during the first year of life.

If a child does become demanding later on, there are at least two ways that you could try to deal with it. First, if you normally react to his demands in the same way, for example, by putting him to bed because you think he's tired or by giving him a bottle because you think he's hungry, try to find other ways for dealing with him and see if that makes a difference. Sometimes you can create a demand by responding to demands in the same way all the time. Second, try giving your infant extra attention, such as playing with him or holding him, at times when he is not making demands on you. An infant can seem demanding if he's always in the position of having to ask you for something first. If you can plan to give your attention to him before he asks, you might feel less smothered and more in control of the situation.

ISSUES IN JUDGING FAIRNESS

Looking for clues as to where a child is on the "path" of

developing a sense of fairness can help you help children in their relations with others.

This path can be summarized as follows:

Children's earliest ideas about fairness are based completely on what they want. Around the age of three to five a child's view of fairness is, "Whatever I want is fair." Children next think of fairness in terms of equal exchange of punishment or reward, still thinking only in terms of themselves-"If I do something bad, something bad will (and should) happen to me. If I do something good, something good will (and should) happen to me."

As they get older, they begin to consider "you" as well as "me," but the focus is still on "me." They feel that everyone should be treated exactly alike. Reward (or punishment) has to be equal for everyone-"If you hurt me, I can hurt you back. If you drink soda, I should be able to drink soda."

A big breakthrough in children's thinking comes when they begin to consider the other person's intentions, needs, and feelings. A child no longer thinks only of personal wishes or strictly in terms of an eye for an eye, a treat for a treat.

CURRICULUM: INFANT PERSONALITY

From sharing your own experiences in childhood and your observations of your infants, you can see that there are many different things which affect the way an infant is and how he develops. Researchers have only begun to study all the different things that influence the direction of a baby's growth and the kind of personality he will grow to have. One of the few things they agree on is that the early years are very important ones. Your baby's memories from these years will underlie everything he learns later on.

To a certain extent, a baby has a personality when he is born. Babies are born with different temperaments and dispositions. This is partly determined by your baby's genetic inheritance of certain characteristics from you and his father.

Part of your baby's temperament will be affected by the kind of experiences he had in your womb. The same chemicals that were produced in you when you felt happy, sad, anxious or afraid were transmitted to your baby through the placenta and umbilical cord so that he felt that way too. Both a baby's physical makeup and experience in the womb will affect his behavior in several ways from the moment of birth. They will affect how sensitive he is to the environment, and this will affect the way he responds to your touch, to your handling. For example, a baby who likes a lot of private space may become fretful or uncooperative if he is handled too much or given too much attention. A baby's physical makeup and

experience in the womb will affect what kind of activity he will prefer; how active or quiet he is. This in turn may affect the baby's rate of development in different areas. For example, if your infant is by disposition active and prefers a lot of total body movement, he may learn to walk sooner and develop coordination of his arms and legs faster than a baby who is satisfied to sit and play. Another infant may develop coordination of his fingers very quickly and learn to manipulate small objects faster. After birth, of course, personality and emotional development proceeds according to the kinds of experiences the infant has with you and other significant people in his life. A lot of your infant's developing sense of well being and self worth will depend on how you respond to his or her particular temperament. Sometimes the temperament of parent and child don't fit together automatically and it takes more work and time to develop a solid relationship. An example of this would be if you were affectionate and wanted to hold and cuddle your child a lot but your child was independent, wanted to do things on his own, and didn't seem to want to be held very much. It would be easy to think, perhaps, that the child was rejecting you when in reality he would simply be acting on his temperamental need to do things for himself.

Talk about your own experiences with your infants. Are they very active or only fairly active babies? How do you fit together as a pair?

CURRICULUM: DELAYED DEVELOPMENT

We've seen that infants develop in many different ways and at different rates. Because of this, it is often hard to talk about what "normal" infant development is. The period of time a human infant takes to learn control over his own body and behavior is much longer than in other animals and some perfectly normal infants are slow to develop in one area or another.

Retardation is usually only suspected when there is a general pattern of slowness in development which is most readily seen in the areas of gross motor skills and language usage. Therefore, you might begin to suspect that an infant's development is retarded or delayed only if after a period of time he seems unable to learn many things that other infants are learning or have learned.

There are many causes for delayed development, but basically they can be divided into those that have their origin before the infant is born (they are genetic or physiological) or those that occur after the infant is born (they are environmental or psychological.) Can you think of some causes for both kinds of retardation?

A good number of babies who are born with conditions that cause problems in their development are able to overcome them with proper attention. For example, occasionally infants are born without the ability to produce certain kinds of chemicals in their bodies. Without these chemicals, their brains don't continue to grow as they should. Each of your infants was tested for this kind of defect soon after he was born. All babies are given this test because if this kind of defect is discovered at an early age,

the infant's diet can be supplemented with certain kinds of food which will allow him to develop normally.

Some infants do not develop properly or are born with defects because of something that was going on in the mother's body when she was pregnant. For example, if a woman who is pregnant gets German Measles, the virus which causes it is transmitted to the fetus and can disrupt development. Another way the fetus' development can be retarded is if the mother does not eat the right kind of food during pregnancy. Although she may not feel the effects of poor nutrition so much in her own body, the baby inside of her may be "starving to death" because it is a time in its life when it especially needs protein, vitamins and minerals for development.

Many children who wind up being labeled "retarded" by the time they reach school age seemed to be developing normally when they were infants. This fact has lead many people who study infant development to think that much of what is called "retardation" is not inborn. They think instead that it results from the kind of learning experiences the child has had as an infant and as a young child. Can you think of early learning experiences or lack of them that could lead to retardation?

The way that an infant develops has a lot to do with the kind of relationships he has with other people. One of the most important things that happens during an infant's first year of life is that he forms a close human bond with another person, usually his mother. This attachment occurs as he comes to recognize one particular person as the one he can count on to take care of him. By

the third month, an infant can usually recognize his own mother, and he is usually more comfortable with her than he is with anyone else. He learns about the rest of the world through the kind of relationships he has with his mother: if he senses she cares about him, then he feels that the whole world cares about him. Many people do not realize that the nature of an infant's early relationship with his mother will determine how interested he is in learning later on in life. If an infant doesn't have someone with whom he can make this primary attachment he will sooner or later withdraw and become disinterested in other human beings. This happens sometimes with infants who are raised in institutions and have many different people caring for them. Even though they are fed and changed and taken care of, without an important person to love them some of these babies die or become retarded in their development. An infant can also become withdrawn and disinterested if he is separated from his mother for a long period of time, especially before he has the language ability to understand that his mother will come back to him. Babies without a close attachment or love relationship early in life loose much of their ability to learn and grow and as a result are likely to show developmental retardation.

CURRICULUM: THUMBSUCKING

You probably discovered a few weeks ago when you tried to remember your own childhoods that it's very hard to remember anything from the time before you could talk. That's because your memories about your own infancies are not thoughts but feelings. Infants don't have "thoughts" in the same way adults do. That may be one reason why it is sometimes easier for parents to rely on feelings to tell them what their infant needs than to "think" about what he needs.

One thing most adults probably don't remember is how important "sucking" was for them as infants. Most people think that an infant's sucking has just to do with eating - that babies suck on or put something in their mouths because they are hungry or because they want to eat it. The truth is that during the early part of infancy the baby's mouth is a sense organ: it is a way he gets to know things. Sucking is as important for him as seeing or hearing is for you.

Any of you who sucked your thumbs into childhood probably know that it's something a lot of parents don't want their children to do for lots of reasons. Have any of you had thoughts about that, or dealt with thumbsucking in your own children? What are your thoughts about it? What are your opinions about the use of pacifiers? How long do you think an infant or child should be allowed to such his thumb?

Thumbsucking is not just a habit: it serves a purpose for the infant or child. For example, many infants use thumbsucking as a way to calm themselves down when they are upset in the same way you might offer your infant a pacifier if he's upset. Other infants may be able to make themselves feel secure through secure through thumbsucking because it reminds them of the feeding situation when they cuddled in their mother's arms. Whatever the reason, THUMBSUCKING IS NOT AN UNHEALTHY THING FOR A BABY TO DO. An infant or child will usually give it up as he finds other ways to control his feelings.

CURRICULUM: TOILET TRAINING

In order to toilet train your infant, he has to be ready in two important ways. First, he must be able to control the muscles, called sphincters, which control bowel movement and urine flow. Most infants do not learn to control the sphincter muscles until they are about 18 months old. Second, the infant must be willing to cooperate with you during training and ready emotionally to make the move from diapers to the potty chair. There's no reason to rush the process of toilet training: when your infant is ready it will be very easy for him to make the connection between the feeling of fullness in his bladder or bowel and using the bathroom.

You can start bowel training soon after your infant learns how to walk. Take him into the bathroom at those times during the day when he regularly moves his bowels and let him sit down on the potty chair or the toilet. Many infants are more comfortable in a potty chair because it is close to the floor and because the sound of flushing is sometimes frightening. Try to show him what you want him to do by making a grunting sound or using a familiar word. Let him sit on the chair for five minutes, unless he gets upset or shows you in some other way that he doesn't want to be there. If he gets upset, or doesn't move his bowels within that time, take him off without making a fuss and try again the next day. When he is ready, you can be assured that he will do something in that five minutes. There is little point in making him sit on the chair for a long period of time during training. You run the risk of losing his cooperation and you may turn him off to the whole process.

It takes longer to learn bladder control than bowel control. Again, your timing will have to be geared to your infant's

development. When you first start noticing that he is dry for two hours or so, you will know that your infant is starting to learn to control his bladder in the same way that an adult does. This usually happens between 18 and 30 months of age. Your infant at first will only be able to tell you after he has already urinated. This will be frustrating for you but remember that your infant is learning all the while to make the connection between the feeling of having to urinate, the words with which he expresses it, and telling you. Eventually, he will be able to tell you beforehand, but only at his own pace. That's the time that you will probably want to change from diapers to training pants; after he has achieved some success.

It is only natural that during the course of training your child will have accidents or seem to forget what he's learned. It's best for the infant and for you if you handle those slips in a matter of fact way. Punishment hardly ever speeds things up and most often it either slows them down or leaves psychological scars.

It usually isn't until three or four years or older that a child will be able to control his bladder all night long. If you have the energy, it is all right to take your infant to the bathroom during the night to avoid a wet bed, but that will disturb his sleep and he may not like it. If he resists being awakened, you can just bundle him up, put a plastic mattress cover on the bed, and feel assured that he will suffer no ill effects from sleeping in wet diapers through the night.

It's important to remember always during training that there's

no rush. Infants of toilet training age are just at that stage when *they are learning to be willfull and independent.* A lot of pressure from you in this area could make the child resistant to your training and turn something which could have been very simple into a battle.

UNIT VI: CLASS 1: ROLE PLAYING

CURRICULUM: DEALING WITH YOUR INFANT'S GROWING INDEPENDENCE

Your child is, or soon will be learning how to walk, to talk and to a certain extent, take care of himself. All of these changes will make for a change in his attitude toward you and the rest of the world. Between the ages of one and two years he will begin to realize that he can make things happen: he can move things, break things, get places faster, make you do things, and so forth. This discovery, that he can make things happen that he wants to happen, signals the beginning of a need, which will grow stronger and stronger all the time, to assert his will (to have things his way) and to be more independent.

It is a time when discipline, or control, becomes important for you as a parent. The way you handle your infant's natural curiosity about everything and his need to have his own way will determine whether he grows up feeling good or bad about himself. There are many different ways to handle discipline and to be a good parent, as many different ways as there are parents.

CURRICULUM: DEALING WITH AN INFANT'S AGGRESSION

When an infant first learns to walk he usually won't let his mother out of his sight for very long without running back every so often to make sure she is still around. But as your infant develops a "mind of his own" he will become braver in his explorations away from you. He will also become braver and more curious about other people, and that means the beginning of a new task for you as a parent - helping your infant learn how to cooperate. An infant isn't born with a sense of how to get along with other people. At first he can only think about himself and what he wants and there are times when he will get frustrated or angry with other people when they make demands of their own.

Break down into groups of four and talk about how you'd deal with this situation:

You've left your infant with a sitter or at a day care center for the day and when you come to pick him up you find that he has a bite mark on his face. No one says anything about it, but you hear by rumor that another child at the sitters or at the center has bitten him while no one was watching. You find out who the other infant's mother is but she looks away every time you catch her eye. It seems as if she knows, but you're not sure.

What should you do?

What do you think about the mother? How do you feel about her? Do you have the right to tell another mother how to discipline her child?

What would you do if you were in the other mother's place?

What would you do to avoid situations like that with your own infant if he were at the biting stage? How would you handle it if he tried to bite another child?

Do other people have the right to discipline your child? Under what circumstances?

How do you share discipline with your own parents, boyfriends, or husbands?

Young children often hit, bite, scratch and fight with each other in the course of learning how to get along. Little hits and spats are probably best ignored unless someone is really being hurt. Sometimes you can turn a fight or something that looks like it might turn into a fight, into a game, though. For example, if infants are pushing or hitting, you may be able to turn the activity into a cooperative game that is equally active, such as "ring around a rosie", instead of scolding one child or the other (or both).

If your infant has one particular undesirable angry behavior that he does all the time, though, such as biting or throwing temper tantrums, then other steps need to be taken if you want the behavior to go away. It's easier to figure out what to do if you know something about the rules of learning. One of the important rules is that if you follow a certain behavior (like hitting) with an event that is pleasing or rewarding to the infant, (like a smile), he will be more likely to repeat the behavior. For example, if a toddler cries for candy when you go to the store and you give him some candy right afterwards, he will be more likely to continue to cry for candy every time you go to the store. So if you don't want an infant to repeat a certain behavior, like biting, you won't want to do anything that will reward him for it. Sometimes, paying any kind of <u>attention</u> to a child when he does something like that is rewarding, even if it is negative attention such as yelling. For that reason, one way to handle an aggressive act like biting is to pick the child up without making a big deal of it and put him somewhere by himself for a few moments until he cools down. It's the same with temper tantrums: if you can stand to ignore them, they will usually stop.

Usually, if young children get a firm sense from you about what behaviors are not acceptable, they will learn very quickly not to do them. Firm means that they know you really mean it, and there are many ways to get that message across. What ways do you use? Some examples are changing your tone of voice, making some kind of a movement with your hand, getting a mean look on your face, spankings, etc. Which method works for you?

Spanking or physical punishment often seems to work as a last ditch effort when you have reached your wits' end. It's easier to "strike out" when you are frustrated than to think of another solution, but many experts feel that "hitting" isn't a good way to discipline a young child. One reason it may not be good is that you are setting a bad example for the infant: you are showing him through your behavior that it is all right to hit. What are some advantages and disadvantages of spanking? Do you think you would handle discipline differently if your infant were of the opposite sex? Were your brothers disciplined differently than you were?

For sure, your toddler won't get a clear sense of what you want if you give him two messages at the same time. For example, if one day you get mad at him for saying a dirty word and the next day laugh at him when he says it because you think he's cute, forget it! Similarly, he won't be able to understand your instructions when they are too complicated, such as "It's all right to hit back but not to start a fight."

UNIT VI: CLASS 4: DEALING WITH A PARENT'S ANGER

CURRICULUM: TALKING STRAIGHT

When you get angry or upset with your infant, your life is being disrupted in some way. Anger hides feelings of fear, helplessness, hurt, sadness, rejection, disappointment, being "down," etc. Can you remember a time when you know your anger was covering up another feeling?

There may be times when you let your child know you are angry, but not why you are angry: when you don't let him know what feelings lie behind your anger. When this happens you are more or less blaming your infant for causing you distress. Blaming does not help your infant feel good about himself. Telling him straight how you feel and why you feel that way does not hurt him so much and helps him know what you need.

Fill in the following chart using examples from your experience:

What infant did	What you felt	What you did	Reasons for upset
Wet on floor	mad	yelled at her	-had to clean floor -took up my time - wanted to do other things

From the information on the first chart you can form a message to send to your infant that will let him know three things:

1. What he did (so that he knows it is wetting on the floor and not throwing the soft toy that bothered you).
2. How you felt about it (the behavior-not what you felt about him).
3. How the behavior interfered with your life. (As he grows older, he will need even more to know why something bothers you).

What infant did	Your feelings about it	How your life is being interfered with
Wet on floor	mad - overworked	Have to extra clean up

The message in the case above would sound something like "You wet on the floor and I'm really angry about it because I already feel overworked and now I have to take extra time to clean up the floor."

You can use this chart to form other messages to send to your infant. Instead of "blaming" ("Darn you, you always wet your pants when I'm busy"), make a statement about how you feel, using the word "I". "I" statements hurt your baby less than blaming statements and allow you to tell him how you feel without harming your relationship.

UNIT VII: CLASS 1: GROWING WOMEN

CURRICULUM: GROWING WOMEN

The choices you have made about how to provide for and raise your infant have all been affected by how you see yourself as a woman. Decisions, for example, about whether to live in your parents' home, by yourself, or with a boyfriend or husband, about whether to work to make money or to be supported, have all been affected by the way you see yourself as a growing woman.

How you see yourself as a woman is, of course, affected by the community in which you live. Your community is composed of people you have close contact with every day, which includes family, friends and schoolmates. The important people in your life have all affected your attitudes in important ways about such issues as whether to remain single or to marry, about whether to work toward a career or to have children, or both, about whether to support yourself or be supported, and so forth.

Looking at the decisions you've made as you've grown, and at the attitudes and influences behind those decisions, can sometimes help you clarify for yourself what it is you really want and whether or not you're taking the right steps to get it.

You are going to see a film called Women Emerging which was made in a multi-cultural women's group in a high school in Berkeley, California. As you watch the film and hear the women talk about their own lives, try to think about your own attitudes on the issues they talk about so that you can share them later with the group.

UNIT VII: CLASS 2: WHAT ARE YOUR CHANCES OF GETTING PREGNANT TONIGHT?

CURRICULUM: WHAT ARE YOUR CHANCES OF GETTING PREGNANT TONIGHT?

1. What birth control method is 100% effective?
2. Can you get something to prevent conception without seeing a doctor?
3. How long does the pill take to work?
4. Does swallowing a whole packet of pills bring on an abortion?
5. Does vaginal foam offer protection against veneral disease?
6. Is it safer to make love before a period or after a period?
7. Can you get pregnant if you don't have an orgasm?
8. How much does family planning advice cost?
9. Is there a special method of contraception for young girls?
10. How many children can a woman have?
11. Does a woman have to worry about contraception after she's had the menopause?
12. How does a diaphram work?
13. Can a man have a climax after a vasectomy?
14. Is there anything wrong with douching after intercourse to prevent pregnancy?
15. When did birth control first start?
16. How old do you have to be to get birth control devices?
17. Can a teenager wear a loop?
18. What happens if the pill causes side effects?
19. How can you tell if you're pregnant?
20. Can a woman change her mind after sterilization?
21. Can a condom come off during intercourse?
22. Can you get pregnant if you masturbate after necking?
23. How can one woman make another pregnant?
24. Is it true that if a male withdraws before he comes, his girlfriend can't get pregnant?
25. Is there a certain time of the month when a woman can't get pregnant?

26. Do you become unusually fertile when you stop taking the pill?

27. How would you feel with an interuterine device (IUD) inside you?

28. Can you insert a diaphram early in the evening if you think you may have intercourse later?

29. Where does one go to get birth control information and devices?

CURRICULUM: HERE ARE THE ANSWERS TO THE BIRTH CONTROL QUESTIONS:

1. None. However, some methods are 98 per cent sure. These include the pill, the diaphram used with spermicidal jelly or cream, vasectomy and the condom used in conjunction with spermicidal foam.

2. Yes. Spermicidal vaginal foam (not to be confused with vaginal spray deodorants displayed on the same shelf) can be purchased in drug stores and some supermarkets. Condoms can be purchased over the counter at drug stores. When both are used together, chances of conception are nil. Using either product alone increases the risk of pregnancy, but is better than no protection at all.

3. One should plan to take the pill for a full monthly cycle before relying on it as a birth control method, according to many doctors. In the meantime other methods, such as the diaphram should probably be used.

4. No. Taking drugs to induce abortion is dangerous, and it is unwise to try and terminate a pregnancy without medical advice.

5. No. It doesn't offer much protection against pregnancy either unless used in conjunction with a condom.

6. The days immediately preceding the menstrual period are safer than others, but sperm can stay alive in the female body for as long as 12 days, so no time of the month is completely risk free.

7. You certainly can.

8. Advice on family planning is free. District health centers and Planned Parenthood clinics usually provide birth control equipment free for those without funds.

9. There are special contraceptive methods for every woman, young or old. What method is best depends on the individual. That's why consultation with a family planning clinic or a private doctor is strongly recommended.

10. A healthy woman could bear a baby every year. Perhaps 20 or 25 children. Could you bear the thought?

11. Menopause doesn't happen all at once. A woman should wait at least a full year after her final menstrual flow before abandoning birth control.

12. A diaphram is a shallow rubber shield that covers the cervix. It is absolutely essential that it be properly fitted by a doctor. To be effective it must be used together with spermicidal cream or jelly.

13. Sure.

14. Plenty. It doesn't work and it can cause an infection.

15. Anthropologists claim that primitive tribes used birth control methods, and it is pretty well established that the Egyptians concocted contraceptive creams 3,000 years ago.

16. If you're old enough to get pregnant, you're old enough to get birth control help. Services for teenagers are no longer rare. Even the public health centers often provide birth control to anyone 15 or older who tells them she is a liberated minor living away from home. Parental consent is not required at many private clinics.

17. It is not generally recommended. The loop appears to work best for women who have already born one child.

18. There are several kinds of pills. If one causes side effects, your doctor might recommend another brand or the low estrogen mini-pill. Alternatives such as the diaphram and the loop are also available. The diaphram does not cause any side effects at all.

19. If your menstrual period is two weeks late, you can go and get a pregnancy test (often free) at the district public health centers or Planned Parenthood.

20. Not usually. Sterilization is a last ditch method reserved for those who are absolutely certain they do not want any children or any more children.

21. It's not likely. However, it can slip with detumescence so it is wise for the male to withdraw from the vagina soon after climax. Condoms work best when used in conjunction with vaginal foam.

22. No. Pregnancy requires sperm in the vagina. However, it only takes one. A little drip can do it.

23. She can't. But she can contribute to future pregnancies by giving erroneous advice. Better to trust a family planning clinic.

24. It is not. Reliance upon withdrawal is not only frustrating, it contributes directly to the population explosion. Males release sperm before climax.

25. Yes, but it is virtually impossible to predict when it is. A menstruating woman is not likely to conceive. But doctors claim it has happened.

26. Fertility increases slightly when the pill is first stopped, so it is wise to be particularly cautious with other methods at that time.

27. Reactions to the IUD vary. You would have to discuss the matter with a doctor. Some women have a lot of trouble, others find the IUD both comfortable and convenient.

28. You can, but it is best to insert the diaphram within an hour of intercourse. It is essential that the diaphram be left in place for at least six hours after coitus. If intercourse is repeated in the interim, additional spermicidal jelly should be placed in the vagina without removing the diaphram.

CURRICULUM: CONTRACEPTION

We've seen before that an infant develops as he gradually learns to control his own body: he learns to walk, to control his bladder, to talk, etc. The process of taking control over your own body and your own life really never stops; you are always learning how to be more effective in what you do and how to find different ways for getting what you want. One area of growth that just begins in many ways with adolescence is sexuality. One part of taking control over your life and body sexually involves learning how to handle sexual feelings in a way that feels right for you, and how to integrate them (or fit them together) with the rest of your life.

Another part of taking control over your life and body sexually involves deciding whether or not you want to have children and when you want to have children. It is your responsibility to yourself as a woman to take care of your body, to understand how it functions and to make a decision about whether or not you want to have children if you're sexually active.

...Do you plan on having more children?

...How are you planning on spacing them?

There used to be a time when responsibility for birth control was largely the man's because the only contraceptive available was the condom. As more methods have become available to women, many men seem to expect the woman to take full responsibility. The reality is that contraception is a two person responsibility: neither the man nor the woman should take it for granted that the other is going to prevent pregnancy if it is unwanted. There are enough methods and combinations of methods available so that a couple should be able

CURRICULUM: MALE AND FEMALE: WHAT ARE THE DIFFERENCES REALLY?

Everyone knows that there are differences between the sexes, but aside from physical appearance and physical differences, scientists have been unable to say for sure what the differences are. Your opinions about what it means to be a woman and what it means to be a man affect your relationships with people. For example, if you believe that "a real man is strong", then you might look upon men who aren't strong as being a little less than masculine.

There are common beliefs within our culture about what the differences are between the sexes but they are undergoing a lot of changes now, especially since the women's liberation movement got off the ground. Sometimes these beliefs are called stereotypes because they are judgements about how a whole group of people are, or should be. (all men are, or should be, strong) when in reality there are many individual differences.

A common stereotype about females in the past, for example, has been that they can't stick with a career as well as a man can because once they get married and have children they won't have time to work. As times are changing, though, and many women are both building a career and having children, people are beginning to see that what was once believed to be a real difference between men and women is in reality only a myth, or a belief, about how men and women are different.

Think about these common stereotypes about differences between the sexes and decide whether or not you agree with them. Then, drawing from your own experience, talk about why you agree or disagree.

...females are more social than males

...females are more easily influenced than males (or it's easier to change a female's mind)

...females have less confidence in themselves than males

...females are less interested in doing well in school or in getting good jobs than males

...males analyze things more than females

...males are more aggressive than females

...males like to compete more than females

...males are more dominant than females

...females are more passive than males

CURRICULUM: PRE-NATAL DEVELOPMENT

During the course of pregnancy, you share your body with another developing human being who is very sensitive to what you take into your body. How well you take care of your body before and during pregnancy, therefore, will affect the way a tiny fetus develops inside of you. Researchers have found that there is a relationship between poor nutrition and complications of pregnancy and development of the fetus. Women of childbearing age can make sure that their bodies will provide a healthy home for a new life if pregnancy should occur by developing good eating habits that they can live with all the time, not just when they find out they are pregnant. The food you have been eating over a long period of time has gone into building your body the way it is now, and it will take a fair amount of time before you can really feel the effects of new improved eating habits.

The development of a fetus can be negatively affected by other things that an expectant mother might take into her body. There are many drugs that interfere with the normal course of fetal development if the mother takes them. For example, a little more than 10 years ago doctors found that the babies of many mothers who had taken a medicine called thalidomide during pregnancy were born without limbs and with other deformities. For this reason, many experts recommend that no drugs be taken during pregnancy unless a medical doctor is consulted first. Doctors have different opinions about whether or not marijuana affects fetal development, but some are suggesting that hallucinogens (LSD) taken in large quantities can have serious effects on the fetus if the mother takes them during pregnancy.

nancy. The most dangerous of these viruses is commonly called German Measles. If the mother has the disease during the first three months of pregnancy chances are one in three that her child will be born deaf, blind, mentally retarded, or with heart disease. Because German Measles can cause such severe damage to the fetus, and because it is possible to have measles without knowing you have it, many doctors recommend that young girls be exposed to the disease before they are of childbearing age so that they can build up an immunity to it. Once a person gets German Measles, the chances are small that he will get them again. How many of you have had it?

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